

PRELIMINARY DISCUSSION DRAFT – NOT FINAL

Recommendation 1: Iowa should have a total of twenty-two (22) Assertive Community Treatment programs in strategic locations by the end of SFY19.

Assertive Community Treatment (ACT) provides multidisciplinary team-based individualized, flexible treatment and supports to individuals with mental illness 24 hours a day, seven days a week, 365 days a year. ACT team members are trained in the areas of psychiatry, social work, nursing, substance use disorder treatment, and vocational rehabilitation. Individuals receive ACT services in their own home and community. Individuals served usually have schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), or bipolar disorder (manic-depressive illness); or are experiencing significant disability from other mental illnesses and are not helped by outpatient treatment models.

Currently, Iowa has eight (8) ACT programs currently operating and three (3) are under development.

<u>Program</u>	<u>Counties Served</u>
Operating	
• Abbe Center ACT	Linn
• Berryhill	Webster, Hamilton
• Eyerly Ball – 2 (incl. FACT ¹)	Polk
• Heartland Family Services	Pottawatomie
• University of Iowa IMPACT	Johnson, Cedar
• RHD	Blackhawk
• RHD	Marion, Monroe, Lucas, Wayne, Clarke, Decatur, Ringgold
Under Development	
• Seasons Center	Lyon, Osceola, Dickinson, O'Brien, Clay, Palo Alto, Buena Vista
• Vera French	Scott
• Eyerly Ball	Boone, Story

Based on national standards, eleven (11) more ACT programs should be developed in strategically located geographical areas. Consideration should be given to the following areas:

- Dubuque
- Sioux City – 2 Teams
- Mason City
- Waterloo – 2nd Team
- Davenport/Bettendorf – 2nd Team
- Des Moines – 3rd Team
- Ottumwa - Southeast Iowa
- Rural West Central Iowa
- Rural Northeast Iowa, e.g. Manchester
- Southeast Iowa, e.g., Burlington/Ft. Madison/Keokuk

¹ FACT is an adaptation of assertive community treatment (ACT) for persons involved with the criminal justice system.

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Mental health and disability service (MHDS) regions should be required to develop ACT as a required core service. The Department of Human Services (DHS) should be required to establish statewide standards for ACT. The statewide standards should require that ACT programs meet fidelity to nationally recognized standards as determined by an independent review of each program that should include peer review. DHS should make allowance for nationally recognized small team standards. Managed care organization's (MCOs) utilization management requirements should not exceed what is required by DHS standards.

MCOs and MHDS Regions should jointly agree on:

- The strategically located geographic areas in which ACT programs should be developed considering at least the following criteria:
 - A review of known individuals with diagnoses that benefit from ACT,
 - Hospital inpatient psychiatric readmission rates,
 - Interest and readiness of the provider and community partners to form an ACT,
 - Availability of psychiatric providers (MD, ARNP, PA) interested in the model,
- Selection of an ACT provider in each geographic area; and
- How independent review of fidelity to established standards will be accomplished.

MHDS Regions should be required to provide start-up funding to the jointly selected ACT programs that are not yet developed including assistance in achieving fidelity to practice standards and technical assistance.

MCOs should reimburse at the floor rate ACT programs enrolled in Medicaid that provide services to Medicaid covered members that have a demonstrated need for ACT. MCOs should offer a contract to the jointly selected ACT providers and meet required access standards.

MHDS Regions should be required to provide additional funding necessary to keep efficiently and effectively operated ACT programs financially viable including consideration of small teams.

ACT Medicaid reimbursement rates should be reviewed and, if appropriate, a recommendation to adjust reimbursement rates should be presented to the Governor and Legislature prior to the 2019 session. The Governor and Legislature may consider the recommendation and, if appropriations are approved, MCO per member per month rates should be established based on the approved appropriation to allow for adjustments to ACT reimbursement.